

16 of 2

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-616)						SERIAL NO. 097622544		FILING DATE									
CLAIMS						1		2		3							
AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		IND.		DEP.		IND.		DEP.		IND.		DEP.	
IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1																
2																	
3																	
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47																	
48																	
49																	
50																	
TOTAL IND.																	
TOTAL DEP.																	
TOTAL CLAIMS																	

CLAIMS ONLY

SERIAL NO.

APPLICANT(S)

FILING DATE

09/622,544

282

10.14.04

CLAIMS

	ORIGINAL		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51						
2							52						
3		1					53						
4		1					54						
5		1					55						
6							56						
7							57						
8		1					58						
9							59						
10							60						
11							61						
12							62						
13		1					63						
14							64						
15							65						
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29							79						
30							80						
31		1					81						
32		1					82						
33		1					83						
34		1					84						
35		1					85						
36							86						
37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	1						TOTAL IND.						
TOTAL DEP.	10						TOTAL DEP.						
TOTAL CLAIMS	11						TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS